						<u></u>		pplicatio	1 or D	ocket Nun	nber
PATENT	1	t()octol	ber 1, 2	001	ON RECC	RD	ر الم	1		148	_
	CLAIMS A	S FILED (Colum			ımn 2)		MALL E	YTTTY	ØR.		THAN
TOTAL CLAIM:	S					Γ	RATE	FEE	7	RATE	FEE
FOR		NUMBER	FILED	NUME	ER EXTRA	. 6	ASIC FEI	1.5	OR	Basic Pee	li .
TOTAL CHARGE	EABLE CLAIMS	Minus 20=					X\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS		minus 3.=					X42=		OR	X84=	1
MULTIPLE DEPE	INDENT CLAIM P	RESENT	1				+140=	; ; ;		ooo	
If the difference	e in column 1 is	less than z	ero, ente	r "0" in c	xolumn 2	L	TOTAL		OR	+280=	
	CLAIMS AS A	MENDE	D - PAR	TII		• .:	10174		Jou	OTHER	THAN
Λ	(Column 1)		(Colu	mn 2)	(Column 3)		BMALL.	ENTITY	OR	SMALL	
Total Independent	CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVK PAID	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONA FEE
Total	. 20	Minus	** 7	0	-D		X\$ 9=		OR	X\$18=	i i
	ENTATION OF M	Minus	PENDENT	Z A114	0		X42=		OR	X84=	
			LUIDEN	OCAIN			+140=		OR	+280=	
						- AD	TOTAL DIT. FEE	2.22	OR	TOTAL ADDIT, FEE	
	(Column 1)		(Colui	nn 2)	(Column 3)				4	-DOII.1 CE	
Total Independent	REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONA FEE
Total	18	Minus	** (9			X\$ 9=		OR	X\$18=	•
Independent FIRST PRES	ENTATION OF M	Minus ULTIPLE DE	PENDENT	CLAIM			X42=	·	OR	X84=	
8-7-	(X/X)	mi	 		1		-140=		OR	+280=	
00	0-1 14					AD	TOTAL DIT. FEE		OR	TOTAL ADDIT. FEE	
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Total Independent	CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONA FEE
Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
Independent		Minus	±A±		a		X42=			X84=	
FIRST PRES	ENTATION OF M	ULTIPLE DE	PENDENT	CLAIM		 -			OR		
* If the patricle and	lumn:1 is less than t	ha antru in nat		, 40° to	hemo 3	Ŀ	140=		OR	+280=	
** If the "Highest N	lumber Previously Pa Lumber Previously P	ald For IN TH	IS SPACE	s less tha	n 20. enter "20."	ADI	TOTAL DIT. FEE		OR ,	TOTAL ADDIT, FEE	
The Highest Nu	imper Previously Pa	ld For" (Total o	or Independ	ent) is the	n 3, unier 3." highest numbe	r found	in the app	propriat box			

13/24

AUG 0 2 2004

This is a request und identified application. period desired):		In re Application Application Num Title Thermor Starch and Meth Group Art Unit	of Werne ber 10/04 plastic Polymod for the Pr	r Berger e 9,482 er Blend oduction	Filed Produced Thereof Examiner	2/6/2002 From Thermoplast Umakant K. Rej
One m		Application Num Title Thermore Starch and Metho Group Art Unit	ber 10/04 plastic Polymod for the Pr 1711	9,482 er Blend I oduction	Filed Produced Thereof Examiner	From Thermoplasi
One m		Title Thermop Starch and Meth Group Art Unit	plastic Polym od for the Pr 1711	er Blend I oduction	Produced Thereof Examiner	From Thermoplasi
One m		Starch and Meth Group Art Unit	1711	. E	xaminer	Umakant K. Raj
One m		Group Art Unit	1711	. E	xaminer	Umakant K. Raj
One m		137 CFR 1.136(a) ension and approp	to extend the	e period fo	. 611	
One m				nall-entity	or filing a r fee are as	eply in the above
1 1	(or VrT, 1,1/(
	onths (37 CFR 1.17					\$ <u>110.00</u>
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107			•1			S <u>950.00</u>
- Abburant Cic	nims small entity s uced by one-half,	itatus, See 37 CF)	R 1.27. The	refore the	e fee amo	unt shown
Payment by c	redit card. Form P	TO-2038 is attache	-160 is. ↓ ed	55,00		PPIAIA
The Commiss	ioner has already h	IGDD Sythorizod (c.		in this		
app	a Deposit Account.					
or credit any o	ioner is hereby auth verpayment, to Dej	iorized to charge a	iny fees which	h may be 50-119	required,	
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Lass	ignee of record of t Statement under 3	he entire interest. 7 CFR 3.73(h) is e	See 37 CFF	3.71.	Comas	
⊠ _{att}	orney or agent of re	cord: 35747	1100560. {F(7m P10/	SB/96).	
L atto	FORV OF Agent undo	27 CED 4 24/-1				
•	registration number if a	cting under 37 CFR 1.	34(a)	•		
WARNING: Inform be included on this	s form. Provide c	may become puredit card information	blic., Credit ation and au	card info	omation s on on PT(ihould not 0-2038.
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Date			U	Signa	ture	
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NOTE: Signatures of all the forms if more than one signa	inventors or assignees ature is required, see be	of record of the entire i	Interest or their	representat	Ne(s) are rec	uired. Submit multiple
	CERTIFIC	ATE OF MAILING	OP TOANS	MOOION		
hereby certify that this come an envelope addressed to: Co Office, fax # 703-872-9306 or					sufficient pos	tage as first class mail
lame (Print/Type)	Gudrun E. Hucket					Trademark.
Ignature	Gerdine	e & Hucher	Ca Da	ө Аца	ust 2, 2004	
LI Total of	forms are submitted is estimated to take 0.1 hours	ed.	co			